PART B - FEE(S) TRANSMITTAL

Complete and send this orm, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 34263 7590 08/13/2004			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
O'MELVENY & 114 PACIFICA, SU IRVINE, CA 92618	VITE 100		I hereby certify that States Postal Service addressed to the M transmitted to the Us	Certificate of Mailing or Trans: this Fee(s) Transmittal is being the with sufficient postage for first ail Stop ISSUE FEE address SPTO (703) 746-4000, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.
08/2004 MAHMED2 000000	1/3 JVE00E V304/7EJ		Cy nthia I		(Depositor's name)
FC:2501 685.00 OP			Cinora	ia Pstachero	(Signature)
FC:1504 FC:8001 20.00 I	300.00 OP A 10.00 DP		November	2, 2004	(Date)
APPLICATION NO.	FILING DATE	FIRST NA	AMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/847,425	05/02/2001		ise R. Barbut	261/275	5784
	DEVICES AND METHO N THE CEREBRAL VASCUI		NG DISTAL EMBOLIZATIO	N USING FLOW REVER:	SAL AND PERFUSION
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	→ YES	\$1,330 685		\$1630 985	11/15/2004
EXAM	NER	ART UNIT	CLASS-SUBCLASS		
BAXTER, J	ESSICA R	3731	606-194000		
☐ "Fee Address" indication (or "Fee Address" Indicati PTO/SB/47; Rev 03-02 or more recent) attached. Use Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE		f a Customer 2 regilisted,	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)		
			appear on the patent. If an assi itute for filing an assignment.	gnee is identified below, the de	ocument has been filed fo
(A) NAME OF ASSIGNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
CoAxia, Inc.		Maple Grove, Minnesota			
	assignee category or categoric	<u> </u>	· · · · · · · · · · · · · · · · · · ·	corporation or other private gr	oup entity 🚨 governmen
Please check the appropriate 4a. The following fee(s) are 6	enclosed:		nt of Fee(s):		
	enclosed:		nt of Fee(s): eck in the amount of the fee(s) is e	enclosed (check no. (629754)
4a. The following fee(s) are exist Issue Fee	all entity discount permitted)	XXX che			629754)
4a. The following fee(s) are of XX Issue Fee XX Publication Fee (No sm XX Advance Order - # of C	all entity discount permitted) Copies10	XXA che □ Paym	eck in the amount of the fee(s) is e	38 is attached.	
4a. The following fee(s) are of XI Issue Fee XI Publication Fee (No sm XI Advance Order - # of C	all entity discount permitted) Copies10	XXA che Paym XXQ The l Deposit	eck in the amount of the fee(s) is elent by credit card. Form PTO-203	38 is attached. Charge the required fee(s), or of the control of	credit any overpayment, topy of this form).
4a. The following fee(s) are of XI Issue Fee XI Publication Fee (No sm XI Advance Order - # of O 5. Change in Entity Status (a. Applicant claims SM The Director of the USPTO i NOTE: The Issue Fee and Pu	all entity discount permitted) Copies 10 from status indicated above) ALL ENTITY status. See 37 s requested to apply the Issue	XXA che □ Paym XXQ The l Deposit CFR 1.27. □ b. Ap Fee and Publication Fee (I not be accepted from an	eck in the amount of the fee(s) is event by credit card. Form PTO-203 Director is hereby authorized by Account Number 50-286	38 is attached. Charge the required fee(s), or continuous (enclose an extra continuous). NTITY status. See, e.g., 37 CFF usly paid issue fee to the applica	credit any overpayment, to opp of this form). R 1.27(g)(2). tion identified above.
4a. The following fee(s) are of XI Issue Fee XI Publication Fee (No sm XI Advance Order - # of O 5. Change in Entity Status (a. Applicant claims SM The Director of the USPTO i NOTE: The Issue Fee and Puinterest as shown by the reco (Authorized Signature)	all entity discount permitted) Copies 10 from status indicated above) ALL ENTITY status. See 37 s requested to apply the Issue blication Fee (if required) will red of the United States Patent	Diahe K	peck in the amount of the fee(s) is event by credit card. Form PTO-203 Director is hereby authorized by Account Number 50-286. plicant is not claiming SMALL E (if any) or to re-apply any previously one other than the applicant; a result of the property	s8 is attached. charge the required fee(s), or charge the required feet sales is sufficient for the specific feet sales is sufficient feet feet sales in the required feet feet feet feet feet feet feet fe	credit any overpayment, to open of this form). R 1.27(g)(2). Attion identified above, are assignee or other party in the content of the con
4a. The following fee(s) are of XI Issue Fee XI Publication Fee (No sm XI Advance Order - # of O 5. Change in Entity Status (a. Applicant claims SM The Director of the USPTO i NOTE: The Issue Fee and Puinterest as shown by the reco (Authorized Signature)	all entity discount permitted) Copies 10 from status indicated above) ALL ENTITY status. See 37 s requested to apply the Issue blication Fee (if required) will rise of the United States Patent y is governed by 35 U.S.C. I blication form to the USPTO for reducing this burden, sho iia 22313-1450. DO NOT SE	Diahe K	eck in the amount of the fee(s) is event by credit card. Form PTO-203 Director is hereby authorized by Account Number 50-286. plicant is not claiming SMALL E (if any) or to re-apply any previous tyone other than the applicant; a respectively.	s8 is attached. charge the required fee(s), or charge the required feet sales is sufficient for the specific feet sales is sufficient feet feet sales in the required feet feet feet feet feet feet feet fe	credit any overpayment, opy of this form). R 1.27(g)(2). tion identified above, he assignee or other party